

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2007	9164.06
(b) Cash on Hand at Beginning of Reporting Period .....	327.35	
(c) Total Receipts (from Line 19) .....	33181.00	487900.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33508.35	497064.42
7. Total Disbursements (from Line 31) .....	33933.35	497489.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	-425.00	-425.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	75832.44	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
1 0D D  
3 1Y Y Y Y  
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	29200.00	346500.00
(i) Itemized (use Schedule A) .....	2670.00	105634.17
(ii) Unitemized .....	31870.00	452134.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	29301.73
(c) Other Political Committees (such as PACs) .....	31870.00	481435.90
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1311.00	4214.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	2250.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33181.00	487900.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33181.00	487900.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13034.17	307897.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13034.17	307897.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	35746.73
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	13958.08	13958.08
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	6941.10	139887.52
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	6941.10	139887.52
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33933.35	497489.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33933.35	497489.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31870.00	481435.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31870.00	481435.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13034.17	307897.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1311.00	4214.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11723.17	303682.85

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph S. Annese

Mailing Address 62 Collier Road

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Annese Electrical Service-  
s, Inc.

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166462

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Leon Asadoorian

Mailing Address 40 Lowell Road

City

Salem

State

NH

Zip Code

03079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71015.C166449

Amount of Each Receipt this Period

400.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Edward Bamford

Mailing Address 31 Indian Trl

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166455

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Binder

Mailing Address PO Box 286

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity Investments

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71015.C166471

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Burns

Mailing Address 90 Livingston Street  
DO NOT MAIL

City

Lowell

State

MA

Zip Code

01851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 71113.C166479

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Mary Burns

Mailing Address 90 Livingston Ave

City

Lowell

State

MA

Zip Code

01851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Associates Inc.

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 71015.C166428

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John Cabot

Mailing Address 1 Tucks Point Road

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 71113.C166487

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Bradford Caron

Mailing Address 12 Barstow Avenue

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166461

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Charles Colbert

Mailing Address 90 Spencer Ave

City

Chelsea

State

MA

Zip Code

02150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Chappy Corp.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166450

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Frothingham

Mailing Address 117 School St

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 71015.C166431

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Timothy Gendron

Mailing Address 60 Cross Road

City

Lunenburg

State

MA

Zip Code

01462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tims Fabrications Inc.

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166451

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James Grasseschi

Mailing Address 44 Simmonds Hill Road

City

Hubbardston

State

MA

Zip Code

01452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166460

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Wayne Griffin

Mailing Address 2 Briar Lane

City

Medway

State

MA

Zip Code

02053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wayne J Griffin Electric  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166453

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Joseph Harold III

Mailing Address 21 Circuit Ave

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sagamore Plumbing & Heat-  
ing In

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166459

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas Hazen

Mailing Address 17 College View Hts

City

South Hadley

State

MA

Zip Code

01075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hazen Paper Company

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 71015.C166429

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Johnson

Mailing Address 1 Charles River Square

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 71113.C166507

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

C. Bruce Johnstone

Mailing Address 827 Charles River St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity Investments

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 71113.C166475

Amount of Each Receipt this Period

600.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Drew Leff

Mailing Address 38 Heath St.

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLC Development Resources

Occupation  
Real Estate Consult.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71015.C166421

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Francis Lehar

Mailing Address 11 Norwood Avenue

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 71113.C166493

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Francis Madigan III

Mailing Address 125 Cranbrook Drive  
DO NOT MAIL

City

Holden

State

MA

Zip Code

01520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.W.Madigan Company, Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166448

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Francis Madigan III

Mailing Address 125 Cranbrook Drive  
DO NOT MAIL

City

Holden

State

MA

Zip Code

01520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.W.Madigan Company, Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166447

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Alexander Ogonowski

Mailing Address 713 Broadway Rd.

City

Dracut

State

MA

Zip Code

01826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 71015.C166427

Amount of Each Receipt this Period

8000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Harold Pratt

Mailing Address 1010 Memorial Drive  
#9A

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nichols & Pratt, LLP

Occupation  
Private Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 71113.C166491

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Horace Schermerhorn

Mailing Address 10 Village Drive

City

East Sandwich

State

MA

Zip Code

02537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 71015.C166403

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City

Newton

State

MA

Zip Code

02458-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pyramis Global Advisors

Occupation

Portfolio Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71015.C166470

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Spence

Mailing Address 83 E. Water Street - PO Box C

City

Rockland

State

MA

Zip Code

02370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albert Culver Company

Occupation

Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 71113.C166495

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Campbell Steward

Mailing Address 65 Asbury St.

City

Topsfield

State

MA

Zip Code

01983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 71113.C166488

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City

Chelmsford

State

MA

Zip Code

01863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 71113.C166510

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Clayton Trefry

Mailing Address 4712 Scotts Mill Ct.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71015.C166454

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

29200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Good Technology Inc.

Mailing Address 4250 Burton Drive

City

Santa Clara

State

CA

Zip Code

95054-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1311.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 71015.C166401

Amount of Each Receipt this Period

1311.00

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

1311.00

**TOTAL** This Period (last page this line number only) .....

1311.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Css Castle Self-Storage	<b>Transaction ID:</b> 71015.E9968 <b>Date of Disbursement</b>
Mailing Address 39 Old Colony Ave.	<div> <div>10</div> <div>11</div> <div>2007</div> </div>
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period
Purpose of Disbursement Storage	<div>319.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
STORAGE	
<b>B.</b> Full Name (Last, First, Middle Initial) Conference Call Conference Call.	<b>Transaction ID:</b> 71113.E9985 <b>Date of Disbursement</b>
Mailing Address 1445 MacArthur Dr. Suite 214	<div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Carrollton State TX Zip Code 75007-	Amount of Each Disbursement this Period
Purpose of Disbursement Conference Call	<div>167.67</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CONFERENCE CALL	
<b>C.</b> Full Name (Last, First, Middle Initial) Hui Jojo Deng	<b>Transaction ID:</b> 71015.E9967 <b>Date of Disbursement</b>
Mailing Address 117 Beaconsfield Road	<div> <div>10</div> <div>11</div> <div>2007</div> </div>
City Brookline State MA Zip Code 02445-	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Services	<div>429.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
ACCOUNTING SERVICES	

**SUBTOTAL** of Disbursements This Page (optional) .....

**915.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 71015.E9956

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

817.99

INSURANCE

**B.**

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City Wakefield State MA Zip Code 01880-

Purpose of Disbursement  
Reimbursement for postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 71113.E9973

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

22.00

REIMBURSEMENT FOR POSTAGE

**C.**

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 71015.E9966

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

2391.58

HEALTH INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

3231.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

mindShift Technologies, Inc.

Mailing Address PO Box 200105

City  
Pittsburgh

State  
PA

Zip Code  
15251-

Purpose of Disbursement

Payment of debt for IT Support party related non fea

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 71113.E9981

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

PAYMENT OF DEBT FOR IT SU-  
PPORT PARTY RELATED NON  
FEA

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City  
Philadelphia

State  
PA

Zip Code  
19170-0322

Purpose of Disbursement

Copier Rental

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 71015.E9970

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

771.75

COPIER RENTAL

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 71015.E9962

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1384.09

PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

3155.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 71015.E9957 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Services Candidate Name	<table border="1"> <tr> <td colspan="10">67.45</td> </tr> </table>	67.45																			
67.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL SERVICES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 71015.E9961 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Service Charge -401 K Candidate Name	<table border="1"> <tr> <td colspan="10">155.00</td> </tr> </table>	155.00																			
155.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL SERVICE CHARGE -4-01 K																					
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 71113.E9979 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll-401 K Candidate Name	<table border="1"> <tr> <td colspan="10">961.54</td> </tr> </table>	961.54																			
961.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL-401 K																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**1183.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll-Taxes

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 71113.E9980

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1815.82

PAYROLL-TAXES

**B.**

Full Name (Last, First, Middle Initial)

Poland Spring Poland Spring

Mailing Address Processing Center  
PO Box 52271

City  
Phoenix

State  
AZ

Zip Code  
85072-

Purpose of Disbursement

Bottle Water

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 71113.E9996

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

77.07

BOTTLE WATER

**C.**

Full Name (Last, First, Middle Initial)

Jody's Quik Print

Mailing Address P.O. Box 1068

City  
Middleton

State  
MA

Zip Code  
01949-

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 71113.E9975

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

885.98

PRINTING

**SUBTOTAL** of Disbursements This Page (optional) .....

2778.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71015.E9969

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

429.37

PHONE

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel: See below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E9992

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1338.86

REIMBURSEMENT FOR TRAVEL:  
SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Mass. Bay Transport MBTA

Mailing Address 10 Park Plaza, Room 8413

City  
Boston

State  
MA

Zip Code  
02116-

Purpose of Disbursement  
Reimbursement for R. Willington for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E9995

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

285.00

[MEMO ITEM]

MEMO: REIMURSEMENT FOR R.  
WILLINGTON FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

1768.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Westborough Marriott

Mailing Address 5400 Computer Drive

City

Westborough

State

MA

Zip Code

01581-

Purpose of Disbursement

R. Willington Reimbursement for lodging

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 71113.E9994

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

449.12

## **[MEMO ITEM]**

MEMO: R. WILLINGTON REIMB-  
URSEMENT FOR LODGING

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

13034.17



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Harrison	<b>Transaction ID:</b> 71113.E9972 <b>Date of Disbursement</b>																				
Mailing Address 101 Elm St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	0	7												
City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administration Service Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ADMINISTRATION SERVICE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 71015.E9963 <b>Date of Disbursement</b>																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1232.51</td> </tr> </table>	1232.51																			
1232.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 71113.E9976 <b>Date of Disbursement</b>																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1232.51</td> </tr> </table>	1232.51																			
1232.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3465.02**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E9977

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

676.92

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71015.E9964

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1399.58

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E9978

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1399.58

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

3476.08

TOTAL This Period (last page this line number only) .....

6941.10

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9891.83

Transaction ID: LS90508.E11236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9891.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

475.83

Transaction ID: LS90508.E11238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

475.83

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

5311.00

Transaction ID: LS90508.E11245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5311.00

1) **SUBTOTALS** This Period This Page (optional).....

15678.66

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

15.69

Transaction ID: LS90508.E11239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.69

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

1445.12

Transaction ID: LS90508.E11240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1445.12

1) **SUBTOTALS** This Period This Page (optional).....

11441.26

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 / 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3.58

Transaction ID: LS90508.E11241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.58

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3814.75

Transaction ID: LS90513.E11249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3814.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3909.25

Transaction ID: LS90513.E11248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3909.25

1) **SUBTOTALS** This Period This Page (optional).....

7727.58

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 / 36

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.37

Transaction ID: LS90513.E11251

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

10617.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 / 36

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENIlsson ENIlssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

1252.00

Transaction ID: LS90513.E11301

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1252.00

1) **SUBTOTALS** This Period This Page (optional).....

3752.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 36

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENlisson ENilssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

360.00

Transaction ID: LS90513.E11302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENlisson ENilssonNature of Debt (Purpose):  
Original debt for IT supp-  
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code  
Westford MA 01886-

Outstanding Balance Beginning This Period

411.94

Transaction ID: LS90513.E11303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

411.94

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

1411.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 / 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Garage Government Center

 Nature of Debt (Purpose):  
 Original debt for parking  
 party related non fea

Mailing Address 50 New Sudbury Street

City	State	ZIP Code
Boston	MA	02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Garage Government Center

 Nature of Debt (Purpose):  
 Original debt for parking  
 party related non fea

Mailing Address 50 New Sudbury Street

City	State	ZIP Code
Boston	MA	02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 mindShift Technologies, Inc.

 Nature of Debt (Purpose):  
 Payment of debt for IT Su-  
 pport party related non  
 fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1696.00

Transaction ID: LS71113.E9981

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

696.00

1) **SUBTOTALS** This Period This Page (optional).....

1976.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 / 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

**1) SUBTOTALS** This Period This Page (optional).....

4956.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 / 36

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11292

Amount Incurred This Period

1636.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Communication, Inc. MajorityNature of Debt (Purpose):  
Original Debt for FEA Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City	State	ZIP Code
Columbus	OH	43215-

Outstanding Balance Beginning This Period

15000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**1) SUBTOTALS** This Period This Page (optional).....

18272.00

**2) TOTALS** This Period (last page this line number only).....

75832.44

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

75832.44

**SCHEDULE F (FEC Form 3X)**
**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 36 / 36

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____	

  

Full Name (Last, First, Middle Initial) of Each Payee FLS Connect				Purpose of Expenditure Candidate assistance on targeting <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>	
Mailing Address 7300 Hudson Blvd. Ste				Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1 0</div> <div>1 5</div> <div>2 0 0 7</div> </div>	
City _____ State _____ ZIP Code _____ Saint Paul MN 55128		Amount <div style="border: 1px solid black; width: 150px; height: 20px; float: right; margin-top: 5px;">13250.46</div>			
Name of Federal Candidate Supported JAMES OGONOWSKI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MA District: 05	Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">13958.08</div>		
Transaction ID: 71113.E9974					

  

Full Name (Last, First, Middle Initial) of Each Payee Jodys Quik Print				Purpose of Expenditure Printing <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>	
Mailing Address P.O. Box 1068				Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1 0</div> <div>1 5</div> <div>2 0 0 7</div> </div>	
City _____ State _____ ZIP Code _____ Middleton MA 01949		Amount <div style="border: 1px solid black; width: 150px; height: 20px; float: right; margin-top: 5px;">202.87</div>			
Name of Federal Candidate Supported JAMES OGONOWSKI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MA District: 05	Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">13958.08</div>		
Transaction ID: 80130.E10146					

  

Full Name (Last, First, Middle Initial) of Each Payee Jodys Quik Print				Purpose of Expenditure Printing <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">Category/Type</div>	
Mailing Address P.O. Box 1068				Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1 0</div> <div>1 5</div> <div>2 0 0 7</div> </div>	
City _____ State _____ ZIP Code _____ Middleton MA 01949		Amount <div style="border: 1px solid black; width: 150px; height: 20px; float: right; margin-top: 5px;">504.75</div>			
Name of Federal Candidate Supported JAMES OGONOWSKI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MA District: 05	Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">13958.08</div>		
Transaction ID: 80130.E10147					

  

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ►		<div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">13958.08</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ►		<div style="border: 1px solid black; width: 100px; height: 20px; float: right; margin-top: 5px;">13958.08</div>